Case	24-14227-a	mc Doc 10	Filed 01/16/25 Document Pa	Entered 01/16 age 1 of 4	6/25 14:49:32	Desc Main	
Fill in this information	to identify your ca	ase:					
Debtor 1	Samson	С	Callis				
<b>D</b> 0	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	<del></del>	Check if this is		
United States Bankr	uptcy Court for the	e: Easte	rn District of Pennsylv	vania	<b>✓</b> An amende	-	
Case number (if known)	24-14	227				ent showing postpetition income as of the following	ı date:
information. If you are spouse is not filing wi additional pages, write	ccurate as possik married and not th you, do not ind	ole. If two married per filing jointly, and you clude information abo	ur spouse is living with ye	ou, include information space is needed, attack	n about your spouse	ponsible for supplying co. If you are separated and this form. On the top of	your
Fill in your emploinformation.	yment		Debtor 1		Debtor 2	or non-filing spouse	
If you have more attach a separate		Employment status	Employed <b>1</b>	Not Employed	Employed	Not Employed	
information about employers.	1 0	Occupation	Barber (1099 I Contractor)	ndependent			
Include part time, self-employed wo		Employer's name Employer's address					_
Occupation may i or homemaker, if			Number Street		Number Stree	et	_

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Debtor 1 Samson C Callis Case number (if known) 24-14227

Last Name

Middle Name

First Name

			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$0.00	\$0.00	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+ \$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$0.00	\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$3,275.00	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ob.			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h.	+\$0.00	+\$0.00	
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$3,275.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,275.00	<b>\$0.00</b>	= \$3,275.00
11.	State all other regular contributions to the expenses that you list in Sched	dule J.			
	Include contributions from an unmarried partner, members of your household friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that a	. ,	•	,	
	Specify:			. 11	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics		•	come. Write that 12.	\$3,275.00
13.	Do you expect an increase or decrease within the year after you file this for	orm?			Combined monthly income
	✓ No.  ☐ Yes. Explain:				

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Debtor 1 Samson C Callis Case number (if known) 24-14227

First Name Middle Name Last Name 8a. Attached Statement Barber at Philadelphia Hair Company (Rents a chair from business, clients pay him directly) FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$4,275.00 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: Ordinary and necessary expense \$0.00 Net Employee Payroll (Other than debtor) \$0.00 **Payroll Taxes** \$0.00 **Unemployment Taxes** \$0.00 5. Worker's Compensation \$0.00 6. 7. Other Taxes \$0.00 8. Inventory Purchases (Including raw materials) \$0.00 Purchase of Feed/Fertilizer/Seed/Spray \$0.00 10. Rent (Other than debtor's principal residence) \$800.00 11. Utilities \$0.00 12. Office Expenses and Supplies \$200.00 13. Repairs and Maintenance \$0.00 14. Vehicle Expenses \$0.00 15. Travel and Entertainment \$0.00 16. Equipment Rental and Leases \$0.00 17. Legal/Accounting/Other Professional Fees \$0.00 18. Insurance \$0.00 19. Employee Benefits (e.g., pension, medical, etc.) \$0.00 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition **Business Debts** TOTAL PAYMENTS TO SECURED CREDITORS \$0.00 21. Other Expenses TOTAL OTHER EXPENSES \$0.00 \$1,000.00 22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

\$3,275.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

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Fill in this information	to identify your case:		
Debtor 1	Samson	С	Callis
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankı	ruptcy Court for the:	Easte	ern District of Pennsylvania
Case number (if known)	24-14227		

Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorned.	ey to help you fill out bankruptcy forms?
☑No	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
☐ Yes. Name of person	Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the sumn	nary and schedules filed with this declaration and that they are true and correct.
X /s/ Samson C Callis	
Samson C Callis, Debtor 1	
Date <u>01/16/2025</u> MM/ DD/ YYYY	